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SEP 20 2006

DATE: September 20, 2006

PTO IDENTIFIER: Application Number 10/043,879-Conf. #6278
Patent Number

Inventor: Fagan et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: VENABLE LLP

Caroline J. Swindell

PHONE: (703) 760-1676

Attorney Dkt. #: 20846-176942

PAGES (Including Cover Sheet): 16

CONTENTS:

Amendment (10 pages)
Fee Transmittal SB/17 (1 page)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment Transmittal Letter (1 page)
Yellow filing receipt
Certificate of Transmission (1 page)
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Telephone: (202) 344-4000 Facsimile: (202) 344-8300

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PTO/SB/87 (09-04)

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Application No. (if known): 10/043,879

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Attorney Docket No.: 20846-176942

SEP 20 2006

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on September 20, 2006
DateC. Allen

Signature

Carla J. Allen

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Note: Amendment (10 pages)
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PATENT PROSECUTION RECEIPT OF FILING**135061****Venable Filing Number**Atty. Docket No: 20846-176942Attorney/LAA: CJS:cja
PTO Due Date: September 7, 2006
Current Date: September 20, 2006Title of Application: SECURE MUTUAL AUTHENTICATION SYSTEMApplication No: 10/858,285
Patent No. :Filing Date: January 14, 2002
Issue Date: _____

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

<input checked="" type="checkbox"/> Amendment in Response to Non-Final Office Action (10 pages)	Additional Claim Fee
<input checked="" type="checkbox"/> Amendment Transmittal (1 page)	
<input checked="" type="checkbox"/> Petition for Extension of Time Under 37 CFR 1.136(a) (1 page)	Additional Independent Claim Fee
<input checked="" type="checkbox"/> Fee Transmittal Form SB/17 (1 page)	
<input checked="" type="checkbox"/> Yellow filing receipt (1 page)	Recordation/Indexing Fee
<input checked="" type="checkbox"/> Certificate of Transmission Under 37 CFR 1.8 (1 page)	
<input checked="" type="checkbox"/> FAX Transmission cover sheet (1 page)	IDS Fee
<input type="checkbox"/> Declaration Under 37 CFR 1.132	
<input type="checkbox"/> Substitute Specification	<u>\$120</u> One-Month Extension Fee
<input type="checkbox"/> Priority Document-Cert. Copy of Appln. #: _____ ; Country _____	
Date Filed: _____	
<input type="checkbox"/> Formal Drawings (sheets, Figs.)	Notice of Appeal Fee
<input type="checkbox"/> Inventor Declaration	Brief on Appeal
<input type="checkbox"/> Assignment w/Cover Sheet	Oral Hearing Request Fee
<input type="checkbox"/> Response to Notice to File Missing Parts	
<input type="checkbox"/> Response to Notice to File Missing Requirements	Petition Fee
<input type="checkbox"/> Response to Restriction Requirement	
<input type="checkbox"/> Information Disclosure Statement with () cited references	Issue Fee
<input type="checkbox"/> Response	
<input type="checkbox"/> Amendment	Publication Fee
<input type="checkbox"/> Petition/Request for Extension of Time (mos. ext.)	Maintenance Fee
<input type="checkbox"/> Power of Attorney	
<input type="checkbox"/> Petition to Revive	Other Fees (Describe)
<input type="checkbox"/> Sequence Listing – CDR Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>\$120</u> Total Fees Paid
<input type="checkbox"/> Request for Non-Publication	
<input type="checkbox"/> Notice of Appeal	
<input type="checkbox"/> Appeal Brief (in triplicate)	
<input type="checkbox"/> Reply Brief (in triplicate)/ <input type="checkbox"/> Request for Oral Hearing	<input checked="" type="checkbox"/> Charge Deposit Account No. 22-0261*
<input type="checkbox"/> Certificate of Correction	
<input type="checkbox"/> Maintenance Fee Transmittal	

Reviewed By: _____

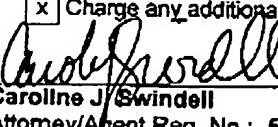
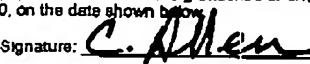
*Caroline J. Swindell*Caroline J. Swindell

787068

*9/20/06*Date

FROM VENABLE LLP VIENNA VA

SEP 20 2006 (WED) 9.20'06 15:17/ST. 15:16/NO. 4862865347 P 4

AMENDMENT TRANSMITTAL LETTER				Docket No. 20846-176942	
Application No. 10/043,879-Conf. #6278	Filing Date January 14, 2002	Examiner B. W. Dada	Art Unit 2135		
Applicant(s): Fagan et al.					
Invention: SECURE MUTUAL AUTHENTICATION SYSTEM					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	16	- 20 =		x	0
Independent Claims	3	- 3 =		x	0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>22-0261</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>22-0261</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Caroline J. Swindell Attorney/Agent Reg. No.: 56,784					
Dated: <u>September 20, 2006</u>					
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.					
Dated: September 20, 2006		Signature: 		(Carla J. Allen)	

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CENTRAL FAX CENTER

SEP 20 2006

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4816).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/043,878-Conf. #6278
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 14, 2002
TOTAL AMOUNT OF PAYMENT (\$ 120.00)		First Named Inventor	Robert H. Fagan
		Examiner Name	B. W. Dada
		Art Unit	2135
		Attorney Docket No.	20846-176942

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 22-0281 Deposit Account Name: Venable LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissuc	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	<u>Fee (\$)</u>
	50
	200
	360

Each independent claim over 3 (including Reissues)

<u>Small Entity</u>	<u>Fee (\$)</u>
	25
	100

Multiple dependent claims

<u>Small Entity</u>	<u>Fee (\$)</u>
	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 40 =	x	=	

HP = highest number of total claims paid for, if greater than 20.

<u>Multiple Dependent Claims</u>
<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 8 =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

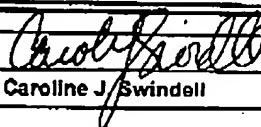
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

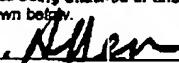
120.00

SUBMITTED BY	
Signature	
Registration No. (Attorney/Agent)	56,784
Name (Print/Type)	Caroline J. Swindell
Telephone	(703) 760-1676
Date	September 20, 2006

787057

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Dated: September 20, 2006

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(Carla J. Allen)